

EXHIBIT 2

FLONES v. BEAUMONT HEALTH SYSTEM

PAUL SCHRECK, M.D.

December 12, 2012

Prepared for you by

 **BIENENSTOCK**
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1 Q. The MDA, would that person be in the room throughout
2 the procedure?

3 A. No.

4 Q. How would that -- what would that role be of the MDA?

5 A. Now, you'd need to talk to them about how they
6 delegated their activities, but they're usually there
7 at the beginning of the case to induce anesthesia or
8 place a spinal, and then may be in and out during the
9 case.

10 Q. And as we said, you don't remember specifically in
11 this case -- you don't remember this case specifically
12 as to whether or not Dr. Macon was in and out
13 throughout the case?

14 A. No.

15 Q. And would you know the -- did you generally use the
16 same surgical assistant or surgical tech?

17 A. No. As I said before, I don't know who it's going to
18 be until the morning of.

19 Q. And the same would be true for the circulator and the
20 CRNA?

21 A. Yes.

22 Q. Prior to this case, did you know who Melissa Fones
23 was?

24 A. Yes.

25 Q. Had you worked with her on other occasions?

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1 A. Yes.

2 Q. Can you estimate the number of times?

3 A. That's difficult. I don't have a good sense for it.

4 But she's been there for many years and occasionally I
5 would work with her on days that I was there. The
6 number of times I don't have that --

7 Q. Would you say you'd work with her once a week, once a
8 month?

9 A. Not once a week because I would probably be in the OR
10 at Beaumont maybe four times a month, maybe six times
11 a month, just depending. And of those times --
12 there's quite a few CRNA's, I'm only guessing, there
13 might be more than 12 -- so do the math, if they
14 randomly distributed.

15 Q. Okay. And that was my next question. Your time to
16 work with her would be random, no more, no less than
17 any other CRNA?

18 A. Yeah.

19 Q. You didn't have, for example, a special CRNA that you
20 would request or utilize more than any others?

21 A. No.

22 Q. Prior to this date, did you have any problems at all
23 working with Ms. Flones?

24 A. I don't recall.

25 Q. Okay.

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1 their spectrum of practice.

2 Q. Generally you're the one that makes that decision?

3 A. I'm involved in the decision-making.

4 Q. If you felt --

5 A. It's typically the input of the people involved. And
6 certainly I will be very involved in that decision
7 because it has significant ramifications for the
8 patient.

9 Q. When you say people involved, you're talking about the
10 people actively involved in performing the procedure?

11 A. Yes.

12 Q. Which would include yourself?

13 A. Right.

14 Q. The CRNA, the surgical tech and surgical assistant?

15 A. And maybe the circulator. You know, if someone
16 notices there's a tremendous amount of blood loss on
17 the floor, in the sponges, or if the MDA came in the
18 room and had concerns, it would be -- it's an
19 important decision.

20 Q. Okay.

21 A. So you take all input.

22 Q. If you took the input from the people in the room and
23 you concurred that you felt that blood was indicated,
24 what would happen? How would blood be ordered or what
25 would happen?

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1 Dr. Macon again.

2 Q. Did you ever talk to Ms. Fones again about the
3 situation?

4 A. I may have later had a conversation with her,
5 somewhere in the operating room.

6 But I do recall, before I had much further
7 interaction with her, I remember finding out that she
8 was fired. So I didn't have much discussion that I
9 can recall afterwards.

10 Q. Did anyone consult you on the decision to fire her?

11 A. No.

12 Q. Did you ever see the write-up she received?

13 A. No.

14 Q. Did you ever talk to Mary Golinski about your
15 concerns?

16 A. I'm not sure. I don't recall if I did or not.

17 Q. Were you aware that Ms. Fones filed a grievance
18 regarding her termination?

19 A. At the point that I was asked to do this deposition,
20 for sure.

21 I remember there was some other situation
22 that somebody came to the office and questioned me
23 about the situation earlier.

24 I'm not sure I can ask for audience
25 participation here. I'm not sure -- I didn't think it

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1 was about a grievance against the hospital. I thought
2 it had something to do with --

3 Q. An EEOC charge or her lawsuit, something like that?

4 A. Yes.

5 Q. I was talking --

6 A. EEOC is the --

7 Q. Equal Employment Opportunity Commission?

8 A. No. I want to say it had something to do with her
9 accreditation or her own board or whatever.

10 Q. Someone from the State of Michigan contacted you?

11 A. Yes, that's what it was, yes. But I didn't know that
12 it was a grievance against the hospital at that point.

13 And I don't recall -- honestly I haven't
14 thought so much that often about this, so I don't know
15 if I knew it before I was asked for this deposition or
16 not. But certainly I knew about it at that point.

17 Q. You knew she was fired, you found that out?

18 A. Yes.

19 Q. And you didn't know that she went through a series of
20 committees involving the vice-president of Grosse
21 Pointe Beaumont and the CEO and they had committee
22 meetings to decide whether or not to affirm the
23 termination or not; you had no involvement in any of
24 that?

25 A. Correct. Again, my interest in bringing this to light

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1 was reviewing the things that happened in the room.
2 You know, you alluded to before, being aware of
3 everything that happens in the room, whereas I may not
4 be aware, if something does happen involving my
5 patient, I do try to get as much influence on it to
6 have it go the way that I think is best for the
7 patient's care, and so I do follow up on these things.

8 Q. Okay.

9 A. My intention was not -- you know, I was very surprised
10 when she was fired. My intention was not to get her
11 fired, my intention was to bring a situation to light
12 because I didn't want it ever to happen again.

13 Q. Okay. No one asked you for your opinion as to what
14 should be done to her?

15 A. Correct.

16 Q. And if they had, would you -- would it have been your
17 position she should be fired?

18 A. I like Melissa, I always did, and I got to say that
19 that goes a long way with, you know --

20 I think that a lot of communication and
21 increased working on patient care issues can go a long
22 ways, so my first inclination would not have been to
23 fire her for that situation by any means. I really
24 wanted to talk about the situation. I wasn't trying
25 to get anyone in trouble per se.

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1 know, so don't feel bad about it.

2 I still felt bad about it, but --

3 Q. Do you know who said that to you?

4 A. No, I don't recall.

5 Q. Okay. Did you ever give anything to anybody in the
6 hospital in writing about this event?

7 A. I don't believe so. I don't recall. Did I, that you
8 know of?

9 Q. I have not seen it.

10 A. Yeah, no, I don't know of any such thing.

11 Q. And when the person came from the State of Michigan,
12 how long an interview was that that you had?

13 A. That I don't recall. I think it was fairly brief. I
14 want to say maybe ten minutes.

15 Q. Was that an in-person interview as opposed to on the
16 telephone?

17 A. I believe so, someone did come to the office. And
18 there was no more than a few questions.

19 Q. Was it a woman?

20 A. I don't recall. I believe someone from the hospital
21 came at the same time with them. Maybe -- again, it's
22 very cloudy, I don't remember. I was in between a
23 number of things and during my office day. But it was
24 fairly brief.

25 Q. Do you remember it being Ms. Farhat with an